

School Closure Information Form

Physical Address:

City, State, Zip:

Telephone Number:

Mailing Address (if different):

Date of Closing:

Number of Currently Enrolled Students:

3. Individual/Company/Corporate Office responsible for records:
 - a. Name:
 - b. Address:
 - c. Telephone Number:
 - d. Email:

4. Describe plans made for faculty and staff.
5. Have all other appropriate agencies been informed of the closure (e.g. accreditors, student loan companies, externship providers, etc.)? If yes, please list the agencies. If no, please explain.
6. What is the status of each student refund for students not taking advantage of a teach-out arrangement at the time of closure?
7. Please provide additional information that may be helpful if students contact our agency.

Completed By:

Name:

Title:

Date:

NPEC STAFF USE ONLY

Please indicate here if this form has been completed by a member of the Nonpublic Postsecondary Education Commission staff. This should only be necessary if the institution which is closing cannot be reached for closure information. ☐
